

Case Number:	CM15-0008652		
Date Assigned:	01/30/2015	Date of Injury:	06/30/2011
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female who sustained an industrial injury on 06/30/2012. Diagnosis is status-post right shoulder rotator cuff repair, subacromial decompression, excision of distal clavicle and debridement, on 10/30/2013. Utilization Review documents treatments to date has included medications, and physical therapy. There were no recent physician progress notes present for review. An Agreed Medical Examination dated 7/3/2013 was present. Treatment requested is for physical therapy 2 x 6 to the right shoulder. On 12/26/2014 Utilization Review non-certified the request for physical therapy 2 x 6 to the right shoulder, and cited was California Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PT 2X6 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines Page(s): 27.

Decision rationale: She had an injury on 06/30/2012 and right rotator cuff repair with decompression on 10/30/2013. Then she completed post surgery physical therapy. The post surgery physical therapy guidelines note that the maximum number of physical therapy visits is 40 visits over a treatment period of up to 6 months from the surgery. The requested additional physical therapy in 12/2014 exceeds the treatment period of physical therapy. By this time relative to the surgery she should have been transitioned to a home exercise program. There is no objective documentation of any superiority of continued formal physical therapy over a home exercise program at this point in time. The requested additional physical therapy in 12/2014 was not medically necessary.